Indian Sign Language Research and Training Center (ISLRTC)

Department of Empowerment of Persons with Disabilities, Divyangjan
Ministry of Social Justice & Empowerment, Govt. of India
A- 91, 1st Floor, Nagpal Business Tower, Okhla Phase- II, New Delhi- 110020
Telephone: 26387558/59, Email- islrtcnewdelhi@gmail.com

Reimbursement of Travelling Expenses to Non- official/ Official Member

Date_____

Name in block letter_____

Name of the Organization_____

Complete Address and Contact no. _____

_____

Details and purpose of Journey Performed

Departure		Arrival		Distance (in Kms)	Mode of Travel	Fare Paid	Purpose of journey
Date/ Time	From	Date/ Time	To				
Total							

Verified By

Name

Designation _____ Signature of Non-official/ official member

For Office use only

Particulars	Amount (Rs)
1 Fare (Bus, Taxi, Auto, Air, etc)	
2 Others	
3 Total	

Prepared by Checked by Passed by

Note:- In case payment to be made through RTGS/ NEFT, the following Bank details may be provided:-

Name & Address of beneficiary _____

_____

Account Number _____

IFSC Code _____

Account Type _____